

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 11/4/16

Auditor Information			
Auditor name: G. Peter Zeegers			
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Telephone number: 863-441-2495			
Date of facility visit: 10/3-10/4 2016			
Facility Information			
Facility name: McLaughlin Youth Center			
Facility physical address: 2600 Providence Drive Anchorage, Alaska 99508			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 907-261-4399			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other – Juvenile
Name of facility’s Chief Executive Officer: Superintendent Robert Ruddy			
Number of staff assigned to the facility in the last 12 months: 218			
Designed facility capacity: 110			
Current population of facility: 96			
Facility security levels/inmate custody levels: standard			
Age range of the population: 11-20			
Name of PREA Compliance Manager: Matt Froehle		Title: Superintendent I	
Email address: Mathew.Froehle@alaska.gov		Telephone number: 907-261-4399	
Agency Information			
Name of agency: Alaska Division of Juvenile Justice			
Governing authority or parent agency: Alaska Department of Health and Social Services			
Physical address: 240 Main Street Suite 700 Juneau, Alaska 99801			
Mailing address: PO Box 110635, Juneau, Alaska 99801			
Telephone number: 907-465-2212			
Agency Chief Executive Officer			
Name: Rob Wood		Title: Division Director	
Email address: hss.djj@alaska.gov		Telephone number: 907-465-2212	
Agency-Wide PREA Coordinator			
Name: Matt Davidson		Title: Program Coordinator/PREA Coordinator	
Email address: matt.davidson@alaska.gov		Telephone number: 907-465-8644	

AUDIT FINDINGS

NARRATIVE

McLaughlin Youth Center is a 110-bed staff and hardware secured program and is operated by the State of Alaska, in Anchorage, Alaska. The facility serves adolescent boys and girls, ages 11-20. The facility employs 218 full-time staff. There are six separate units located on facility grounds. They are the Girls Combined Unit (Detention and Treatment units), Boys Treatment Unit, Core Cognitive Restructuring Unit, Boys Detention Unit, and Secure Treatment Unit. There is also a Detention Court Unit, which is used for temporary holding during court proceedings.

This audit was conducted by certified PREA Auditor G. Peter Zeegers. The auditor conducted a Pre-Audit conference call a week prior to the on-site audit to provide agency and facility officials with the current status of the audit process, as well as to expand upon and clarify documents that had been submitted. The auditor did not receive any correspondence or requests from staff or youth prior to the on-site audit.

An on-site PREA Audit was conducted on October 3rd-4th, 2016. The entrance meeting was attended by Robert Ruddy, Superintendent III, Matt Froehle Superintendent I, who also serves as the Facility PREA Compliance Manager, Matt Davidson Statewide Program/PREA Coordinator, and G. Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed. Identified/selected youth, staff, and specialized staff for interviews and additional pre-audit information was obtained. The entrance meeting was followed by a tour of the facility led by the Facility PREA Coordinator Froehle. All areas of the buildings were viewed, including the administration area, training suites, probation offices, indoor gymnasium, outdoor recreation, education building, kitchen/dining room, detention court unit, and five different living units. The five living units consisted of the Girls Combined Unit, Boys Treatment Unit, Core Cognitive Restructuring Unit, Secured Treatment Unit, and the Boys Detention Unit. PREA-related informational posters and the PREA audit notices were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Sexual Assault Crisis Services were observed in every area where staff and youth might congregate. There were also posters with address and phone number to the Division of Juvenile Justice and PREA hot-line. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at the Alaska Cares/Providence Hospital located in Anchorage, Alaska, where forensic examinations would be conducted at no cost to the youth and/or their family.

Interviews were conducted with the Agency Head/Designee, Agency PREA Coordinator, McLaughlin YC Superintendent III, Superintendent I, who also serves as the Facility PREA Compliance Manager, intake staff, staff who performs screening for abusiveness and victimization, nursing staff, mental health staff, staff who performs unannounced rounds, volunteer, staff who monitors retaliation, ten custody staff randomly selected from each of the three shifts, and ten randomly selected youth.

On the day of the on-site audit ninety-six youth were housed at the facility. There were eighteen PREA-related allegations made in the previous twelve months. All allegations were investigated properly and by the PREA Standards and Statewide PREA Policy L-100.

Youth receive information regarding PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided mental health services.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is divided into several different units.

Community Detention:

Community Detention offers detention alternative programs that allow arrested juveniles who are not a serious risk to the community to return or remain in their homes for a period of close observation and supervision. Four different program options meet the various needs of the youth, families, and the community. School sessions, skill building groups, and community service are scheduled for program participants.

Community agencies are involved with the youth each day and juveniles actively participate in community improvement projects at local agencies such as the Salvation Army and the Food Bank of Alaska throughout the year.

In addition, the Community Detention program, in partnership with the Anchorage School District, initiated Step Up, a school for students who have been expelled or placed on long term suspensions for dangerous behavior. The school provides a way for these students to

continue earning high school credits and helps with their transition back into the district. The Step Up program also includes groups such as Aggression Replacement Training and community service opportunities. The Step Up program now offers 24 slots for Middle School and High School participants.

Transitional Services Unit:

This unit consists of probation and facility staff. The program participation is based on the need of juveniles who are in a transitional period.

The McLaughlin Transitional Services Unit programs are designed to ensure each youth leaves the institution with an individualized reentry plan identifying the skills and strengths obtained while in treatment, and the support services required for a successful reintegration into the community.

Intensive supervision and support, along with graduated responses are the key components in the facilitation of the youth's individualized reentry plan. Through community partners, MYC TSU brokers the necessary services for community reentry with the key component being the utilization of these services while the youth is still in long term treatment. Prior to release, youth participate in multiple reintegration activities designed to allow the youth to apply the skills and strengths obtained while in treatment. These reintegration activities include participation in groups such as Applied Life Skills, Employment preparation, building/maintaining positive successful relationships and vocational training. MYC TSU is also tasked with the facilitation of the MYC Volunteer program and Workforce Investment Act vocational training program, both having a positive and significant impact on service delivery to youth in preparing them for a return to their community.

Girls Combined Unit:

The MYC Girls Treatment Unit can have up to 12 girls located on the unit. They are the only treatment unit for females in the state. The unit serves a variety of treatment from, drug use, trauma, victim impact, self-esteem, life skills, independent living skills, and many more.

The Girls Detention unit is a program that detains female juvenile offenders in a secure and structured environment until the court determines what actions are to happen based on the crimes they committed. Residents are provided with individual counseling, and offered self-help groups as well as recreational and skill developing activities. Can hold up to 9 girls.

Boys Treatment Unit:

The MYC Boys Treatment Unit can have up to 20 boys located on the unit. The main focus of this unit is towards substance abuse.

However, they also offer treatment on other levels, such as victim impact, self-esteem, anger management, life skills, etc.

Core Cognitive Restructuring:

The CCR Unit can house up to 20 residents and provides treatment to male juveniles who have been adjudicated for sexual offenses, or non-sex offenses with significant inappropriate sexual behaviors in their histories. The program itself is based on a relapse prevention model educating young offenders in the strategies and skills they will need in the community to remain offense free.

Secure Units

Detention Court Unit:

This unit is utilized as the Court Unit. Court meets Monday, Tuesday, Thursday, and Friday from 1:30 PM and on Wednesdays from noon to when the last case is completed. If there is a disposition hearing downtown, staff will escort juveniles for those cases. This area also has a conference room used for Review Board, and also an extra training/meeting room.

Boys Detention Unit:

This unit can have up to 25 male juveniles sleep on the unit. However, during the day the numbers can be anywhere up to 35.

Any additional juveniles are transferred to DSPU to sleep. BDU is the unit for any juveniles who have not yet been adjudicated on their charges. The average stay can be from 3 days up to a year, based on their charges.

Even though the main function is a detention unit, BDU holds many staff led activities and educational groups. There are groups where the juveniles can learn about anger management, stress reduction, substance abuse, and healthy life skills.

Secure Treatment Unit:

This unit can house up to 20 male juveniles. Majority of youth that are housed in this unit, have some type of mental health diagnosis as well as behavior/anger control issues. Treatment groups and individualized treatment plans are tailored to their mental health needs, cognitive development, and or conduct disorder issues. STX also serves as a structured environment for youth who were unable to participate in less restrictive environments like the Boys Treatment Unit or other treatment units throughout the State. If a youth is able to show his ability to work in treatment while dealing with their anger appropriately, he could be considered to be transferred to a less restrictive environment to practice newly learned coping skills in a more open setting.

SUMMARY OF AUDIT FINDINGS

The on-site audit was conducted on October 3rd-4th, 2016. Ten youth screening instruments were reviewed. All were completed within the 72 hour time frame. The youth education acknowledgment forms were completed on day of intake. All staff background screenings reviewed were completed, as well as staff PREA training records being timely and complete. Policies and procedures were verified by reviewing staff files and the staff interviews.

Computerized Incident Reports are well written and contain documentation of medical/mental health services provided as required. Additionally, outside law enforcement investigations are noted, where appropriate, and the outcome is documented.

During the on-site audit, it was noted that the 2015 data was not on the State of Alaska website. During the 45 days after the on-site audit the website was updated. It was verified by this auditor on 10/28/2016. The facility is now in full compliance.

The results of the audit indicate that the facility is in full compliance with PREA Standards. A final report is being issued. The facility staff were very helpful, very professional, and well versed in PREA activities at the facility level. The facility response to privacy concerns confirms the facility commitment ensuring to the safety of all youth. It was a pleasure to work with the Superintendent III and his staff.

Number of standards exceeded: 3

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 6

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy details the systems used to prevent, detect, and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as well as the sanctions for those who violate the policy.

The agency has designated a Statewide PREA Coordinator. He is very knowledgeable of PREA requirements and devotes sufficient time and effort in assisting facility staff with PREA-related issues. He has the authority to implement corrective actions if violations occur. The facility Superintendent I serves as the PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility’s compliance with the PREA standards.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is N/A. The State of Alaska does not contract with other agencies for the confinement of residents.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

PREA policy L-100 meets all the elements of the standard. The staffing plan has been completed and was updated. The facility embraces the practice of unannounced rounds. Unannounced rounds are documented in logbooks and shift reports. Staff interviews and review of documentation confirmed this practice.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 and facility policy H-309SCR state that staff will be trained in cross gender pat down searches and for use only in exigent circumstances. A review of the training files verify that the training was completed. Policy prohibits searching or physically examining a trans-gender or inter-sex youth for the sole purpose of determining the youth's genital status. This was confirmed during youth and staff interviews.

There are toilets in the youths' rooms with the separate shower area having doors for privacy. When the youth need to use the bathroom during daily scheduled activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There are no cameras that show the shower area.

Each shower room has a door for privacy. Staff members are posted in each living unit when showers and/or bathrooms are in use. Review of the policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in the shower areas of youth.

The facility uses the practice of opposite gender staff announcing their presence when entering into the living area. Staff interviews confirmed the practice. Youth interviews also verify that opposite gender staff announce their presence when entering the living area.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 prohibits the use of youth translators, youth readers, or other types of assistance. Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services. The facility uses a Language Service for interpreter services. If it is determined that a youth has limited reading skills, intake and screening staff will read the written materials to the youth until they acknowledge that they understand. All staff during interviews verified their knowledge of this

standard. They know that they do not ask for youth interpreters or readers. During interviews staff indicated that they are aware of the Language Services available and how to access and document.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency conducts extensive background checks and reference checks with multiple entities at hire according to state policy C-2. Background checks are also completed for promotions within the facility and the agency. The Agency conducts background checks every 5 years. Policy addresses all of the elements of this standard. The use of reference checks are performed according to State policy A-4. All personnel files reviewed met the standard criteria. Staff interviews validate the policy.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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On April 29th, 2016 the completion of a camera update was finished. An increase of (44) cameras were added to supplement supervision of staff and provide additional coverage at the facility to help prevent sexual abuse or harassment. This brings the number up to (120) cameras.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not conduct criminal investigations according to PREA policy L-100. Administrative investigations are conducted by the Office of Children’s Services (OCS) with the criminal investigations conducted by the Anchorage Police Department.

Forensic medical exams, when needed, would be conducted at Alaska Cares/Providence Hospital located in Anchorage, Alaska, at no cost to the youth or their family. The facility possesses an agreement with Standing Together against Rape (STAR) to provide victim advocate services, if needed.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 ensures that an administrative or criminal investigation is completed. Administrative investigations are reported to OCS for investigation. Allegations that are criminal in nature are reported to the Anchorage Police Department.

There were (18) PREA-related allegations made in the previous 12 months. All were reported according to policy. Staff interviews confirm their knowledge of their reporting duties.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All current staff have completed both facility and Alaska Division of Juvenile Justice PREA Training which includes all of the required topics. This training is specific to youth who are referred to this facility. Refresher training is provided to the staff. Staff also review and sign the PREA Acknowledgement and Notification form. Staff interviews confirmed the practice. Documentation was provided to this auditor during the on-site audit.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy-100 meets the requirements of the standard. The facility does utilize volunteers, and they are required to complete facility mandatory PREA training. Volunteer training records verify the practice. During an interview with a volunteer, the training was verified.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Initial youth education is provided during the intake admission process per PREA policy L-100. Youth are provided a PREA pamphlet. They are also provided additional written material on their right to be safe from sexual violence and information and how to report abuse or to request services. If it is determined that a youth has limited reading skills, intake staff will read the written materials to the youth. The facility uses a Language Service to assist a Non-English speaking youth. The youth watch a PREA video during intake. All youth interviews confirmed that they understood the PREA education received and articulated their rights and the various ways they can report an allegation.

This information is further reviewed in greater detail and supplemented with groups and individual counseling sessions within a few days of arrival.

Posters displaying the phone numbers for PREA hot-line and the OCS are visible to youth and staff in the hallways and main lobby area.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This standard is N/A. The facility does not conduct administrative or criminal investigations.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Medical and Mental Health staff receive specialized Medical and Mental Health professional training through the State of Alaska. The clinicians are available whenever needed. The specialized training meets the PREA training requirements. Medical and mental health staff also receive the same PREA training as other staff. Training documentation, as well as interviews with Mental Health and Medical staff verified the training. The facility does not conduct forensic medical exams.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policies L-100 and L-101 address risk screening. All youth receive a screening at intake, as new information is obtained, and if a youth alleges, or is alleged, to have been a perpetrator of sexual abuse. The facility utilizes the Admission and Placement Screening form, which contains the elements required by the standard. If the results from the Risk Assessment Tool indicates a probability for victimization or sexually aggressive behavior and/or violent behavior, the youth shall be assigned to an appropriate room close to staff posts. If the screening indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility mental health and/or medical specialist. The follow-up shall be completed within 14 days. The Intake staff also completes a review of any other medical and mental health screenings that may have been conducted, as well as conversations with the youth during the admission process. Existing court records and case files are also reviewed, if available. Policy requires intake staff, as part of the risk screening process, to ask or monitor youth about any gender non-conforming appearance, mannerisms, or identification as LGBTQQI. Files showed that all screenings were conducted within 72 hours of intake. Youth interviews confirmed that they received a risk screening during the admission

process. Interviews with specialized staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions are made. Facility policy strictly controls the dissemination of information gathered from the screening on a “need to know” basis. Staff interviews confirm that the procedure is followed. Youth interviews verify the procedure.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Screening, assessment, and collateral information gathered during the intake process is used to place youth in a bed that best ensures each youth’s safety and security according to PREA policies L-100 and L-101. Treatment services are provided on site, if needed. The facility does not utilize isolation as a form of placement for LGBTQQI youth. There were no lesbian, gay, bisexual, trans-gender, questioning, queer, or inter-sex youth in the program during the audit. Policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PREA policy L-100 meets the requirements of the standard. Youth interviews confirmed that the facility provides multiple, internal ways for youth to privately report sexual abuse or harassment and retaliation by youth or staff. The youth identified the reporting numbers for state agencies listed on the posters in the hallways, as being one way of reporting. The external reporting agency is Office of Children’s Services (OCS). Youth also stated that they can confide in their lawyer, their Juvenile Case Manager, tell a family member, or tell a staff member. Youth also confirmed that they have access to writing materials during the school day, as well as in the dorm area. Staff interviews confirmed that staff accept all reports whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents using the PREA hotline and/or OCS number.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Although there is a facility grievance procedure available for the youth, PREA policy L-100 dictates that PREA allegations are not officially utilized by the youth in this capacity. The Facility Superintendent III verified that if a youth turns in a PREA allegation through the grievance procedure, it is immediately reported to the appropriate agencies. This standard is N/A.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility currently has an agreement with the Standing Together against Rape (STAR) agency to provide a victim advocate and supportive services to youth upon request. Posters containing both the (STAR) hot-line number and address are prominently posted in the hallways and lobby areas. Youth interviews confirmed that they are aware of these posters and their right to call and receive confidential support services. The Office of Children’s Services (OCS) information is also posted.

Staff and youth interviews confirmed that staff provide youth with the limitations of confidentiality regarding mandatory reporting laws. Youth communications are not monitored. Youth interviews confirmed that youth who have attorneys can communicate with them confidentially. No youth reported being denied access to their attorneys. All youth reported family visitation and have not been denied access to their families. All youth make phone calls each week to family members and/or write letters.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility uses the OCS and PREA hot-line for third party reporting. Parents and guardians are informed of the hot-line and the procedures for making a report. There is reporting information on the agency's website.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All staff are mandated child abuse reporters and receive appropriate training. The external reporting agency is the Office of Children's Services (OCS). Facility PREA policy L-100 requires all staff to also report any retaliation against youth or staff who make a report. State policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an "as needed" basis in order to make treatment related decisions. Staff interviews confirmed that they know that they are mandatory reporters. Staff interviews also confirmed that medical staff are mandated child abuse reporters. Medical and Mental Health staff indicated during interviews that they inform youth of their duty to report and the limitations of confidentiality.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse. Staff interviews confirmed that they have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed their primary responsibility is the safety of youth in the facility. PREA policy L-100 states that staff will respond accordingly.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There has not been an allegation of sexual abuse reported by another facility in the previous 12 months. PREA policy L-100 requires prompt notification, documentation, and follow-up with the particular reporting facility and is to report such an allegation to OCS. The interview with the Superintendent III verified the practice.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 includes all requirements of the standard. Staff interviews confirmed that they have received first responder training. During interviews, staff could articulate the steps when responding to an incident of sexual abuse. Some staff needed prompting to remember the steps for a first responder. They all knew of the individualized facility's coordinated response plan and checklist, and its location in the facility.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 meets all requirements of the standard. The facility has an individualized coordinated response plan that includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various actors. Interviews with staff verify their knowledge of the Response Plan and its location.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Bargaining Agreements defined in the standard are in place and have the required verbiage.

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard. Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy during interviews. Youth and staff interviews verified their knowledge of their rights against retaliation.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is N/A. The facility does not utilize any form of segregated housing.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 requires the Superintendent or designee to inform the youth in writing, of the outcome, as required by the standard, unless the allegation is unfounded. The Superintendent and Facility PREA Compliance Manager verified this procedure during their interviews.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is termination and that criminal charges could result in incarceration. In any event, the policy states that the type of disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the act(s) committed, among other considerations. Policy requires all allegations of sexual abuse to be reported to the Anchorage Police Department regardless of whether the staff resigns or is terminated. The Superintendent confirmed the procedure in his interview.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 states that any volunteer or intern who engages in the sexual abuse or sexual harassment of an individual in the custody of the State of Alaska will be terminated.

Further, any contractor who engages in similar behavior will be subject to contract cancellation. The Statewide PREA Coordinator stated during his interview that all substantiated findings would be reported to applicable licensing authorities.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 states that potential disciplinary action could include prosecution for engaging in any type of abuse or sexual activity or for making false accusations. The State PREA Coordinator also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse. This determination is made by the court system and/or Law Enforcement.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 states that a youth who reveals a history of sexual abuse will be offered a follow-up meeting with a medical or mental health practitioner within fourteen days. These youth are identified, monitored, counseled, and provided appropriate services.

Interviews with medical and mental health staff confirmed that services are provided if requested by a youth. Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis. Staff interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 requires access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for youth victims of sexual abuse, but for all youth in the facility. An allegation of staff against resident sexual abuse made in December 2015. The case has been investigated by the Anchorage Police Department, charges have been filed and the case is nearing trial, and the alleged perpetrator is no longer employed by the State. The resident involved received STD and pregnancy testing through MYC’s nursing department as considerable time had passed between the offense and report. Under circumstances where immediate forensic victim testing would be appropriate, AlaskaCare would be utilized. Also, after admission and during the health screening and assessment conducted by the medical staff screening the juveniles are notified that they may receive STD or pregnancy testing upon request. The resident in this case as in all cases received unfettered access to mental health services provided by our on-site Mental Health Clinicians.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An allegation of staff against resident sexual abuse occurred in December 2015. The case has been investigated by the Anchorage Police Department, charges have been filed and the case is nearing trial, and the alleged perpetrator is no longer employed by the State. The employer had resigned prior to the allegation. No immediate medical care was necessary; due to the fact approximately 3 weeks had passed prior to the reporting of the allegation. However, this alleged victim did receive ongoing medical attention from McLaughlin medical staff and was offered STD and pregnancy testing. The Anchorage Police Department detective conducting initial investigation on site at MYC was accompanied on at least one occasion by a representative from STAR (Standing Together against Rape) who privately interviewed the juvenile. Mental Health services increased from the usual rate of twice per month and the youth was seen by the assigned clinician or designee once or more each week. Following her relocation in July 2016 to a smaller facility, she received ongoing visits by the same clinician once per week via video conference and once per month in-person.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA policy L-100 meets all of the requirements of the standard. A form to be used in case of a sexual abuse allegation, was reviewed and met all of the requirements of the standard. Interviews with members of the Incident Review Team verified that the system is in place. Documents completed with 30 day Incident Reviews were comprehensive and complete. Corrective action was taken, if needed.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. State policy E-2 meets all elements of the standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the on-site audit, it was noted that the 2015 data review was not on the State of Alaska website. During the 45 days after the on-site audit the website was updated. The facility is now in full compliance. The facility has conducted the 2015 review which is posted on the State of Alaska Department of Juvenile Justice Website. This auditor was also provided with the reviews from 2011, 2012, 2013, and 2014. The agency has prepared an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report includes a comparison of the current year’s data and has provided an assessment of the agency’s progress in addressing sexual abuse.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency meets the requirements of this standard. DJJ has a public website which features all Federal PREA Reports, PREA Brochures, and information regarding PREA.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.

- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

G. Peter Zeegers

11/4/16

Auditor Signature

Date